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# Clark County Regional Support Network Policy Statement

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**Policy No.:** CM24  
**Policy Title:** Adult Residential Rehabilitation Center Placement  
**Effective Date:** September 1, 2001

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**Policy:** The Clark County Regional Support Network (CCRSN) shall utilize placement and monitoring procedures for its contracted beds in area Adult Residential Rehabilitation Centers (ARRC) for adult Medicaid consumers in need of ARRC level of care to ensure compliance with applicable regulations, quality of care, and medical necessity.

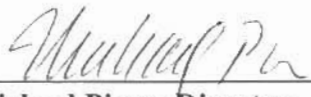
**Reference:** WAC 388-865-0235(4), WAC 246-325, Clark County Provider Contract Agreement, CCRSN Policy and Procedure QM05 Elements of Care Clinical Guidelines, CCRSN Policy and Procedure CM25 Adult Residential Rehabilitation Center Screening and Wait List, CCRSN Policy and Procedure CM31 Appeal of Denial – Adult Service Elements

**Procedure:**

1. CCRSN shall establish a screening and wait list policy and procedure for Medicaid consumers referred to contracted beds in Clark County ARRCs.
2. Contracted ARRCs shall complete a monthly report of admissions and discharges and submit to the assigned CCRSN Care Manager for the purpose of maintaining an updated list of consumers occupying CCRSN contracted beds.
3. Referrals for placement shall be reviewed during weekly Acute Care meetings or at the monthly meeting between the assigned CCRSN Care Manager and the ARRC as delineated in the ARRC screening and wait list policy and procedure. The ARRC shall triage placements from the ARRC wait list in the event one exists and according to the following priorities to assure placement of Medicaid consumers with the greatest need who demonstrate reasonable potential to benefit from residential psychiatric rehabilitation:
  - a) **Priority A:** Consumers in residence at Western State Hospital who have been assessed by the Hospital Liaison and determined to be ready to return to the community but who would not be able to sustain their community placement without access to ARRC level of care.
  - b) **Priority B:** Consumers currently in the community who constitute a high risk for state hospital commitment as evidenced by a history of frequent or lengthy local hospitalizations, recurring suicidal ideation or attempts, and/or grave disability due to a persistently severe mental health disorder, and who may also have a history of homelessness or poor ability to live in a less restrictive setting.

- c) **Priority C:** Consumers with a severe and persistent mental health disorder who do not constitute a high risk but who have a history of homelessness or who require significant assistance in order to maintain within the community.
4. For consumers hospitalized locally and/or at risk for state hospital commitment and who have been authorized for ARRC, placement is to occur at the time of discharge from the hospital unless otherwise arranged with the CCRSN Care Manager.
  5. In consultation with the Hospital Liaison and ARRC provider, CCRSN shall provide payment authorization for placements on a monthly basis. The CCRSN shall authorize payment for ARRC placement according to the contracted amount for occupied bed days. The provider is responsible for entering residential authorizations approved by the CCRSN Care Manager into the information system for electronic transfer and authorization at the CCRSN.
  6. Should CCRSN give payment authorization for ARRC level of care, but a consumer is denied access to a contracted bed by the provider, the provider shall document the reasons for such in a letter to the referring clinician. The letter shall detail the provider policy and procedures regarding complaints and treatment denials as well as the availability of Ombudsman support for the complaint and grievance process with the PIHP. A copy of the denial letter will be provided to CCRSN within 24 hours of the decision. All denials will be reviewed in accordance with CCRSN Policy and Procedure CM31 Appeal of Denial – Adult Service Element.
  7. The care of each consumer in a CCRSN contracted ARRC bed shall be concurrently reviewed at a minimum of every six months and more frequently as determined necessary by the CCRSN Care Manager, consumer request, or provider. The review shall be for purposes of discharge planning, payment authorization, and determination whether ARRC level of care remains the most appropriate placement for a consumer. The review shall encompass assessment of the most appropriate discharge setting for the consumer (e.g., independent living, nursing home, assisted living, or congregate care).
  8. CCRSN shall monitor ARRC contract compliance by conducting a desk review and on-site review at least annually. Monitoring reviews shall include:
    - a) physical inspection of the facility including the posting of long-term care rights
    - b) file review to ensure documentation that consumers have been advised of and received a written copy of their long-term care rights
    - c) document review to ensure the facility is operating under a current license and adequate level of insurance
    - d) review of complaints and grievances

Approved By: \_\_\_\_\_

  
**Michael Piper, Director**  
**Clark County**  
**Department of Community Services**

Date: 6-13-05